

**UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS**

IN RE: NEW ENGLAND COMPOUNDING
PHARMACY, INC. PRODUCTS
LIABILITY LITIGATION

This Document Relates to:

BERRY v. AMERIDOSE, LLC, et. al.
3:13-CV-12838

MDL No. 1:13-md-2419

Judge Rya Zobel

**DEFENDANT HOWELL ALLEN CLINIC'S RESPONSES
TO PLAINTIFF FREDIA BERRY'S
FIRST SET OF REQUESTS FOR PRODUCTION**

Pursuant to Rules 26 and 34 of the Federal Rules of Civil Procedure and the Local Rules for the District of Massachusetts, Howell Allen Clinic, by and through undersigned counsel, provides the following Responses to Plaintiff Fredia Berry's First Set of Requests for Production.

REQUESTS FOR PRODUCTION OF DOCUMENTS

1. Produce all documents sent to or received from the Plaintiff related to Plaintiff receiving MPA at Saint Thomas Neurosurgical.

RESPONSE:

OBJECTION. This Request is overbroad in that it requests “all documents” “related to” the Plaintiff without any reasonable limitation.

Subject to and without waiving this objection, STOPNC sent letters to the Plaintiff regarding the potential contamination of the medication. Exemplar copies of these letters were produced in STOPNC’s common discovery responses. See Response to Common Discovery Request for Production No. 15.

2. Produce a copy of any communications (including emails, brochures, correspondence, prescriptions, order forms, invoices, and other documents) exchanged between anyone employed by Howell Allen Clinic and any governmental entity that mentions Plaintiff.

RESPONSE:

OBJECTION. This Request is overbroad in that it requests responsive documents that “mention” Plaintiff, which does not limit the subject matter of the requested communications to the ongoing litigation. Further, Howell Allen already responded to this Request in its Responses to common discovery. See Response to Common Discovery Request for Production No. 26. Thus, the Request is duplicative.

3. Produce a copy of any communications (including emails, brochures, correspondence, prescriptions, order forms, invoices, and other documents) exchanged between any counsel employed by Howell Allen Clinic and any governmental entity that mentions Plaintiff.

RESPONSE:

OBJECTION. This Request seeks information protected by the attorney-client privilege and the work-product doctrine. Additionally, this Request is overbroad in that it requests responsive documents that “mention” Plaintiff, which does not limit the subject matter of the requested communications to the ongoing litigation.

4. Produce a copy of all medical bills related to any product or service provided to Plaintiff by Howell Allen Clinic.

RESPONSE:

OBJECTION. This Request seeks irrelevant information in that it requests medical bills related to “any product or service provided to Plaintiff,” and it does not limit the Request to products or services related to the ongoing litigation.

Subject to and without waiving this objection, Plaintiff should already possess a copy of the relevant bills.

5. Produce a copy of all non-privileged communications between Howell Allen Clinic, or their counsel, and any other person or entity that mentions the Plaintiff.

RESPONSE:

OBJECTION. This Request is overbroad in that it seeks “all” communications between Howell Allen, or their counsel, and “any other person or entity that mentions” Plaintiff. These are overly vague and broad terms that make the Request impossible to answer with reasonable effort. Additionally, the lack of time constraints for the requested communications make the Request unduly burdensome. Further, all communications between Howell Allen and its counsel referencing Plaintiff are privileged under the attorney-client privilege and work-product doctrine.

Subject to and without waiving this objection, counsel for Howell Allen conducted additional searches of the ESI returned by the PSC’s original search terms, using the agreed upon date limitations, for the terms “Fredia” and “Berry.” Attached as Exhibit 1 are responsive emails with non-Plaintiff protected health information

3. Describe in detail the information you provided to Plaintiff related to the risks associated with her epidural steroid injections. Include in this response whether you informed Plaintiff whether or not she would receive steroids from a compounding pharmacy.

RESPONSE:

OBJECTION. STOPNC and Ms. Schamberg were not responsible for providing information to the Plaintiff related to the risks associated with her epidural steroid injections. Obtaining informed consent is the responsibility of the treating physician performing the procedure. *See In re New England Compounding Pharmacy, Inc. Products Liability Litigation*, MDL No. 13-02419-RWZ, at 40 (D. Mass. Aug. 29, 2014) (order granting and denying motions to dismiss). Additionally, Dr. Culclasure explained the information provided to patients prior to their procedures during his deposition. Thus, this Request is also duplicative.

4. Identify (by name, lot number, source, and the date of receipt by Saint Thomas Neurosurgical) the steroids used in the epidural steroid injection(s) received by Plaintiff as identified in her Plaintiff Profile Form.

RESPONSE:

Ms. Berry received MPA compounded by NECC. STOPNC received MPA lots from NECC, shipped on June 26, 2012 (Lot #05212012@68), July 25, 2012 (Lot #06292012@26), August 13, 2012 (Lot #06292012@26), and August 31, 2012 (Lot #08102012@51). STOPNC did not record the lot number used for individual patients' injections.

5. Identify the prescription, if any, Saint Thomas Neurosurgical used to procure any product from NECC on behalf of the Plaintiff.

RESPONSE:

OBJECTION. This Interrogatory is overbroad as it asks for information related to "any product" procured from NECC. This Request has also been addressed in intimate detail during common

redacted. Attached as Exhibit 2 is a responsive fax with non-Plaintiff protected health information redacted.

6. Produce a copy of any contract pursuant to which Howell Allen Clinic received payment from any payor for the products and/or services provided by Saint Thomas Neurosurgical to the Plaintiff.

RESPONSE:

OBJECTION. Payment for Howell Allen's physician services is irrelevant to the claims in this lawsuit. Even if physician payment is of marginal relevance, the payor contracts themselves have no relevance to the suits. Regardless, the payment to Howell Allen would be for Howell Allen services. Its fee is separate from STOPNC's.

7. Produce all medical records of Plaintiff that are in your or your counsel's possession.

RESPONSE:

OBJECTION. Plaintiff defines "you" or "your" as "Saint Thomas Health." This Request should be directed to Saint Thomas Health, not Howell Allen.

Subject to and without waiving this objection, Howell Allen hired a third-party vendor to collect medical records. Howell Allen is willing to provide copies of the medical records if Plaintiffs are willing to share the costs of doing so.

8. Produce all documents you or your counsel collected as part of the releases provided by the Plaintiff with her Plaintiff Profile Form.

RESPONSE:

OBJECTION. Plaintiff defines "you" or "your" as "Saint Thomas Health." This Request should be directed at Saint Thomas Health, not Howell Allen.

Subject to and without waiving this objection, Howell Allen hired a third-party vendor to collect medical records. Howell Allen is willing to provide copies of the medical records if Plaintiff is willing to share the costs of doing so.

9. Produce all documents you intend to use at trial.

RESPONSE:

OBJECTION. Plaintiff defines “you” or “your” as “Saint Thomas Health.” This Request should be directed to Saint Thomas Health. Regardless, this Request seeks documents protected by the work-product doctrine. It is also overbroad in that it basically asks for the Defendants’ counsel’s entire litigation file. Additionally, this Request is outside the permissible scope of Federal Rule of Civil Procedure 34. See *Kyker v. Malone Freight Lines*, 17 F.R.D. 393, 395 (E.D. Tenn. 1955)(holding that defendants should not be required during pretrial discovery to turn over to the plaintiff, in advance of trial, the evidence that they expect to rely on as a defense to the suit at trial).

Without waiving these objections, the Defendant may use any document obtained or disclosed during discovery of these cases at trial plus any documents it obtains on its own relevant to the cases.

Dated: December 15th, 2015.

Respectfully submitted,

GIDEON, COOPER & ESSARY, PLC

/s/ Matthew H. Cline
C.J. Gideon, Jr.*
Chris J. Tardio*
Alan S. Bean**
Matthew H. Cline*
315 Deaderick Street, Suite 1100
Nashville, TN 37238
Ph: (615) 254-0400
Fax: (615) 254-0459
chris@gideoncooper.com

***Attorneys for the Tennessee Clinic
Defendants***

* Admitted pursuant to MDL Order No. 1.

** Admitted *pro hac vice*.

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of this document was provided via U.S. Mail, postage prepaid, on the 15th day of December, 2015 to the following counsel:

J. Gerard Stranch, IV
Benjamin A. Gastel
BRANSETTER, STRANCH & JENNINGS, PLLC
The Freedom Center, Suite 200
223 Rosa L. Parks Avenue
Nashville, TN 37203
Attorneys for Plaintiff

Yvonne Puig
Marcy H. Greer
Eric J. Hoffman
FULBRIGHT & JAWORSKI, LLP
98 San Jacinto Blvd., Suite 1100
Austin, TX 78701
Attorneys for Saint Thomas

Mark Chalos
LIEFF, CABRASER, HEIMANN & BERNSTEIN, LLP
150 Fourth Avenue North, Suite 1650
Nashville, TN 37219
Attorneys for PSC

All other counsel will be served by virtue of these requests being uploaded to the discovery repository.

/s/ Matthew H. Cline _____
Matthew H. Cline

EXHIBIT 1

CONFIDENTIAL DISCOVERY MATERIAL

From: Bobbi Doty
To: Christina King
Sent: 5/9/2012 8:29:53 AM
Subject: RE: ABN needed

Thanks SO MUCH!! Again... sorry for the short notice!!

From: Christina King
Sent: Wednesday, May 09, 2012 8:29 AM
To: Bobbi Doty; Business Office
Subject: RE: ABN needed

I will email it to you shortly

Christina King
Howell Allen Clinic
Patient Account Representative
Ph: (615) 341-7475
Fax: (615) 341-3568

Confidentiality Notice: This email message, including any attachments, contains information that is confidential and/or legally privileged. The information is intended only for the individual(s) named above. If you are not the intended recipient or the person responsible for delivering the email to the intended recipient, be advised that you have received this email in error and that any use, dissemination, distribution, forwarding, printing, or copying of this email is strictly prohibited. If you have received this email in error, please purge it immediately and notify the sender.

From: Bobbi Doty
Sent: Wednesday, May 09, 2012 7:08 AM
To: Business Office
Subject: ABN needed

So sorry for such late notice. We have a patient coming in today for TPIs who needs to sign an ABN:

388430 Fredia Berry

Her appointment is not until 12:00, so no immediate rush. I do apologize.

Bobbi Doty
Secretary, Pain Management
Dr John Culclasure & Michelle Dowd PA-C
Phone 615-327-9543, Ext 3434
Fax 615-341-3592

From: Christina King
To: Bobbi Doty
Sent: 5/9/2012 9:26:26 AM
Subject: RE: ABN needed

Yes ma'am.

Christina King
Howell Allen Clinic
Patient Account Representative
Ph: (615) 341-7475
Fax: (615) 341-3568

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From: Bobbi Doty
Sent: Wednesday, May 09, 2012 9:24 AM
To: Christina King
Subject: RE: ABN needed

It's been so long.... I need the GA modifier, right?

From: Christina King
Sent: Wednesday, May 09, 2012 8:30 AM
To: Bobbi Doty
Subject: RE: ABN needed

ABN is attached

Christina King
Howell Allen Clinic
Patient Account Representative
Ph: (615) 341-7475
Fax: (615) 341-3568

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Bobbi Doty
Secretary, Pain Management
Dr John Culclasure & Michelle Dowd PA-C
Phone 615-327-9543, Ext 3434
Fax 615-341-3592

From: Laura Hutchings
To: Bobbi Doty
Sent: 8/3/2011 2:27:25 PM
Subject: RE: FREDIA BERRY : 388430

OH WOW! yeah just a little

From: Bobbi Doty
Sent: Wednesday, August 03, 2011 2:22 PM
To: Laura Hutchings
Subject: RE: FREDIA BERRY : 388430

hmmm... just a little late... considering her appt was at 10:30.... LOL

From: Laura Hutchings
Sent: Wednesday, August 03, 2011 2:21 PM
To: Bobbi Doty
Subject: RE: FREDIA BERRY : 388430

1:36pm

From: Bobbi Doty
Sent: Wednesday, August 03, 2011 2:13 PM
To: Laura Hutchings
Subject: RE: FREDIA BERRY : 388430

do you know what time she called?

From: Laura Hutchings
Sent: Wednesday, August 03, 2011 2:04 PM
To: Bobbi Doty
Subject: FREDIA BERRY : 388430

Needs to RS today's appt : cannot make it : 931-278-2532

Thanks,

Laura Hutchings
Howell Allen Clinic
2011 Murphy Ave Suite 301
Nashville, TN 37203
615-327-9543

TODAY : I am in Dr. Scott Standard's office at ext 7435

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From: Bobbi Doty
To: Christina King
Sent: 11/5/2012 11:08:30 AM
Subject: RE: 388430 FREDIA BERRY - ABN

Thanks so much!!

-----Original Message-----

From: Christina King
Sent: Monday, November 05, 2012 10:56 AM
To: Bobbi Doty
Subject: RE: 388430 FREDIA BERRY - ABN

Here you go

Christina King
Howell Allen Clinic
Patient Account Representative
Ph: (615) 341-7475
Fax: (615) 341-3568

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-----Original Message-----

From: Bobbi Doty
Sent: Monday, November 05, 2012 10:48 AM
To: Business Office
Subject: 388430 FREDIA BERRY - ABN

The patient is scheduled for at trigger point injection and occipital nerve block on Wed, 11-7-12. Could you please send an ABN for this appointment?

Thanks so much!!

Bobbi Doty
Secretary, Pain Management
Dr John Culclasure & Michelle Dowd PA-C
Phone 615-327-9543, Ext 3434
Fax 615-341-3592



A. Notifier: Howell Allen Clinic

B. Patient Name: FREDIA BERRY

C. Identification Number (MRN): 388430

Advance Beneficiary Notice of Noncoverage (ABN)**NOTE:** If Medicare doesn't pay for D. TPI below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D. TPI below.

D. TPI	E. Reason Medicare May Not Pay:	F. Estimated Cost
TRIGGER POINT INJECTION	FREQUENCY: MEDICARE ONLY ALLOWS FOR 3 TRIGGER POINT INJECTIONS PER CALENDAR YEAR	\$57.03

WHAT YOU NEED TO DO NOW:

Read this notice, so you can make an informed decision about your care.

Ask us any questions that you may have after you finish reading.

Choose an option below about whether to receive the D. TPI listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

☐ **OPTION 1.** I want the D. TPI listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2.** I want the D. TPI listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

☐ **OPTION 3.** I don't want the D. TPI listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:**J. Date:**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

Form CMS-R-131 (03/11)

Form Approved OMB No. 0938-0566

CONFIDENTIAL DISCOVERY MATERIAL**HAC_068**

From: Sherri Dezwaan
To: Amy Lewis
CC: Front Office Group
Sent: 10/26/2012 10:15:54 AM
Subject: Fredia Berry

Pt called in to reschedule her appt today at 1pm w/SCS. She is not feeling well, I have rescheduled her to 11/9 @ 10am. Thanks!

Sherri DeZwaan
Asst to John Culclasure, M.D.
4230 Harding Rd Suite 901
Nashville TN 37205
615-341-3425
615-341-3427 fax

From: Dawn Hall
To: Sherri Dezwaan; Dorothy Pemerton
CC: Bobbi Doty
Sent: 6/10/2011 11:59:45 AM
Subject: Task Status Report: SCS #388430 BERRY, FREDIA 4th Lumbar ESI & Occipital nerve block

ADD ON: SCH 6-13 @ 10:45 W/TLA-DH

Dawn Hall

Howell Allen
St. Thomas Out-Patient Neurosurgical Center

Subject: SCS #388430 BERRY, FREDIA 4th Lumbar ESI & Occipital nerve block

Start date: Wed 6/8/2011

Due date: Wed 6/15/2011

Status: Completed

% Complete: 100%

Date completed: Fri 6/10/2011

Total work: 0 hours

Actual work: 0 hours

Requested by: Tina Morehead

Pt needs 4th Lumbar ESI (requesting Dr. Arney only)

And

Occipital nerve block

Dx: lumbar radic 724.4

headaches 784.0

Primary Phone:

(931) 278-2532

6-13 SCH 6-13 @ 10:45 W/TLA-DH

6-13 SCH 6-16 @ 10:30 W/ALISON-DH

From: Christina King
To: Bobbi Doty
Sent: 8/15/2012 9:49:48 AM
Subject: FREDIA BERRY 388430
Attachments: 20120815094709.pdf

Attached is the ABN you requested. Thanks!!!

Your message is ready to be sent with the following file or link attachments:

20120815094709

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.



Howell Allen

A. Notifier: Howell Allen Clinic

B. Patient Name: Fredia Berry

C. Identification Number (MRN): 388430

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for D. TPI below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D. TPI below.

D. TPI	E. Reason Medicare May Not Pay:	F. Estimated Cost
Trigger Point Injection	Frequency- Medicare only covers 3 Trigger Point Injections per calendar year.	\$57.03

WHAT YOU NEED TO DO NOW:

Read this notice, so you can make an informed decision about your care.

Ask us any questions that you may have after you finish reading.

Choose an option below about whether to receive the D. TPI listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you. <input type="checkbox"/> OPTION 1. I want the D. <u>TPI</u> listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles. <input type="checkbox"/> OPTION 2. I want the D. <u>TPI</u> listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed. <input type="checkbox"/> OPTION 3. I don't want the D. <u>TPI</u> listed above. I understand with this choice I am not responsible for payment; and I cannot appeal to see if Medicare would pay.

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call 1-800-MEDICARE (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:	J. Date:
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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

From: Bobbi Doty
To: Christina King
Sent: 10/17/2011 10:33:47 AM
Subject: RE: ABNs Needed

Thanks!

From: Christina King
Sent: Monday, October 17, 2011 9:53 AM
To: Bobbi Doty
Subject: RE: ABNs Needed

Here is the one for Fredia Berry.

Thanks!

Christina King
Howell Allen Clinic
Patient Account Representative
Ph: (615) 341-7475
Fax: (615) 341-3568

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From: Bobbi Doty
Sent: Monday, October 17, 2011 8:17 AM
To: Heather Rickert; Business Office
Subject: RE: ABNs Needed

Thanks so much!

From: Heather Rickert
Sent: Monday, October 17, 2011 8:09 AM
To: Bobbi Doty; Business Office
Subject: RE: ABNs Needed

I have attached ABN's for [REDACTED]

Thank you!

From: Bobbi Doty
Sent: Monday, October 17, 2011 7:04 AM
To: Business Office
Subject: ABNs Needed



10-24 Fredia Berry TPI

Thanks!

Bobbi Doty
Secretary, Pain Management
Dr John Culclasure & Anna Marie Anderson
Phone 615-327-9543, Ext 3434
Fax 615-341-3592

From: Bobbi Doty
To: Christina King
CC: Dawn Hall
Sent: 7/13/2011 2:26:04 PM
Subject: RE: 388430 Fredia Berry Bad debt

Super!! Thanks!!

From: Christina King
Sent: Wednesday, July 13, 2011 2:24 PM
To: Bobbi Doty
Cc: Dawn Hall
Subject: RE: 388430 Fredia Berry Bad debt

I was in the middle of working her account when you emailed me. She has Medicare and ChampVa-- I am having to audit her entire account because something is not right. Go ahead and schedule her, don't mention the bad debt today. It's a small balance, and I won't be able to tell if the pt actually owes it or if it is an insurance balance until I audit the whole account.

I have removed the flags (the system automatically applies the flag when her small balance becomes delinquent).

Thanks and sorry!

Christina King
Howell Allen Clinic
Patient Account Representative
Ph: (615) 341-7475
Fax: (615) 341-3568

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From: Bobbi Doty
Sent: Wednesday, July 13, 2011 2:03 PM
To: Business Office
Cc: Dawn Hall
Subject: 388430 Fredia Berry Bad debt

I am in the process of confirming appts for us for Friday, and see the "bad debt" flag for this patient. Do I have to cancel her appointment, or can I have her call you to make arrangements? Did we have this problem the last time I scheduled her as well?

Just let me know, and I'll do what you need me to do.

Thanks!

Bobbi Doty
Secretary, Pain Management
Dr John Culclasure & Anna Marie Anderson
Phone 615-327-9543, Ext 3434
Fax 615-341-3592

From: Bobbi Doty
To: Laura Hutchings
Sent: 8/3/2011 2:13:26 PM
Subject: RE: FREDIA BERRY : 388430

do you know what time she called?

From: Laura Hutchings
Sent: Wednesday, August 03, 2011 2:04 PM
To: Bobbi Doty
Subject: FREDIA BERRY : 388430

Needs to RS today's appt : cannot make it : 931-278-2532

Thanks,

Laura Hutchings
Howell Allen Clinic
2011 Murphy Ave Suite 301
Nashville, TN 37203
615-327-9543

TODAY : I am in Dr. Scott Standard's office at ext 7435

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From: Bobbi Doty
To: Laura Hutchings
Sent: 8/3/2011 2:22:12 PM
Subject: RE: FREDIA BERRY : 388430

hmmmm... just a little late... considering her appt was at 10:30.... LOL

From: Laura Hutchings
Sent: Wednesday, August 03, 2011 2:21 PM
To: Bobbi Doty
Subject: RE: FREDIA BERRY : 388430

1:36pm .

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To: Laura Hutchings
Subject: RE: FREDIA BERRY : 388430

do you know what time she called?

From: Laura Hutchings
Sent: Wednesday, August 03, 2011 2:04 PM
To: Bobbi Doty
Subject: FREDIA BERRY : 388430

Needs to RS todays appt : cannot make it : 931-278-2532

Thanks,

Laura Hutchings
Howell Allen Clinic
2011 Murphy Ave Suite 301
Nashville, TN 37203
615-327-9543

TODAY : I am in Dr. Scott Standard's office at ext 7435

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From: Amy Lewis
Sent: 10/26/2012 10:17:17 AM
Subject: RE: Fredia Berry

thanks. How are the phones today?

From: Sherri Deswaan
Sent: Friday, October 26, 2012 10:16 AM
To: Amy Lewis
Cc: Front Office Group
Subject: Fredia Berry

Pt called in to reschedule her appt today at 1pm w

From: Amy Lewis
Sent: 10/26/2012 10:26:12 AM
Subject: RE: Fredia Berry

they normally slack off around lunch and then might pick back up, any questions just ask no problems

From: Sherri Deswaan
Sent: Friday, October 26, 2012 10:22 AM
To: Amy Lewis
Subject: RE: Fredia Berry

they

From: Sherri Dezwaan
To: Amy Lewis
Sent: 10/26/2012 10:21:56 AM
Subject: RE: Fredia Berry

they were heavy earlier, but okay for now. I am just trying to remember how to do everything and learn this new system. LOL :
)

From: Amy Lewis
Sent: Friday, October 26, 2012 10:17 AM
To: Sherri Dezwaan
Subject: RE: Fredia Berry

thanks. How are the phones today?

From: Sherri Dezwaan
Sent: Friday, October 26, 2012 10:16 AM
To: Amy Lewis
Cc: Front Office Group
Subject: Fredia Berry

Pt called in to reschedule her appt today at 1pm w/SCS. She is not feeling well, I have rescheduled her to 11/9 @ 10am.
Thanks!

Sherri DeZwaan
Asst to John Culclasure, M.D.
4230 Harding Rd Suite 901
Nashville TN 37205
615-341-3425
615-341-3427 fax

From: Nathan Mann
To: Shreka Rogers
Sent: 10/9/2012 12:51:46 PM
Subject: FW: SMALL BALANCE ADJUSTMENTS

can you set the small balance utility to \$4.99?

Nathan Mann
Howell Allen Clinic
Receipts Entry Coordinator
615-341-7592

"Devoted to excellence in patient care"

From: Christina King
Sent: Tuesday, October 09, 2012 12:12 PM
To: Nathan Mann
Subject: SMALL BALANCE ADJUSTMENTS

Nathan- Can you please adjust these small balances? They are not generating statements. Thanks!

[REDACTED]
530819- Vickie Barger- \$4.62

[REDACTED]

388430- Fredia Berry- \$0.62

Thanks,
Christina

Christina King
Howell Allen Clinic
Patient Account Representative

Ph: (615) 341-7475
Fax: (615) 341-3568

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From: Christina King
To: Bobbi Doty; Business Office
Sent: 11/5/2012 10:50:56 AM
Subject: RE: 388430 FREDIA BERRY - ABN

I will get this to you shortly.

Christina King
Howell Allen Clinic
Patient Account Representative
Ph: (615) 341-7475
Fax: (615) 341-3568

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-----Original Message-----

From: Bobbi Doty
Sent: Monday, November 05, 2012 10:48 AM
To: Business Office
Subject: 388430 FREDIA BERRY - ABN

The patient is scheduled for at trigger point injection and occipital nerve block on Wed, 11-7-12. Could you please send an ABN for this appointment?

Thanks so much!!

Bobbi Doty
Secretary, Pain Management
Dr John Culclasure & Michelle Dowd PA-C
Phone 615-327-9543, Ext 3434
Fax 615-341-3592

From: Bobbi Doty
To: Christina King; Business Office
CC: Dawn Hall
Sent: 8/10/2012 1:56:58 PM
Subject: RE: 388430 FREDIA BERRY - BAD DEBT

thanks! will do

From: Christina King
Sent: Friday, August 10, 2012 1:49 PM
To: Bobbi Doty; Business Office
CC: Dawn Hall
Subject: RE: 388430 FREDIA BERRY - BAD DEBT

Claudine spoke with her this morning. She has promised to pay the balance when she comes in for her appointment. Please go ahead and schedule.

Thanks!

Christina King
Howell Allen Clinic
Patient Account Representative
Ph: (615) 341-7475
Fax: (615) 341-3568

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From: Bobbi Doty
Sent: Friday, August 10, 2012 1:47 PM
To: Business Office
CC: Dawn Hall
Subject: 388430 FREDIA BERRY - BAD DEBT

The patient has called to schedule another TPI, and her account shows "bad debt". Please advise.

Thanks!

Bobbi Doty
Secretary, Pain Management
Dr John Culclasure & Michelle Dowd PA-C
Phone 615-327-9543, Ext 3434
Fax 615-341-3592

From: Christina King
To: Nathan Mann; Business Office
Sent: 9/27/2012 8:43:25 AM
Subject: RE: VA recoup \$624.59

The only VA refund I have is for \$412.83. It is for Fredia Berry 388430

Christina King
Howell Allen Clinic
Patient Account Representative
Ph: (615) 341-7475
Fax: (615) 341-3568

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From: Nathan Mann
Sent: Thursday, September 27, 2012 8:29 AM
To: Business Office
Subject: VA recoup \$624.59

does anyone know about a refund request for this amount? Part of it was offset on a Cahaba remit and they told me it was for the VA. The number they gave me to call is an answering machine.

Nathan Mann
Howell Allen Clinic
Receipts Entry Coordinator
615-341-7592

"Devoted to excellence in patient care"

From: Christina King
To: Business Office
Sent: 7/13/2011 2:24:51 PM
Subject: RE: 388430 Fredia Berry Bad debt

I have replied to Bobbi and Dawn.

Christina King
Howell Allen Clinic
Patient Account Representative
Ph: (615) 341-7475
Fax: (615) 341-3568

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From: Bobbi Doty
Sent: Wednesday, July 13, 2011 2:03 PM
To: Business Office
Cc: Dawn Hall
Subject: 388430 Fredia Berry Bad debt

I am in the process of confirming appts for us for Friday, and see the "bad debt" flag for this patient. Do I have to cancel her appointment, or can I have her call you to make arrangements? Did we have this problem the last time I scheduled her as well?

Just let me know, and I'll do what you need me to do.

Thanks!

Bobbi Doty
Secretary, Pain Management
Dr John Culclasure & Anna Marie Anderson
Phone 615-327-9543, Ext 3434
Fax 615-341-3592

From: Shreka Rogers
To: Sadie Pritchard
Sent: 6/11/2012 10:20:04 AM
Subject: FW: ACS Report from Data Media for HAC00001

-----Original Message-----

From: acs_support@dma.us [mailto:acs_support@dma.us]
Sent: Monday, June 11, 2012 10:20 AM
To: Shreka Rogers
Subject: ACS Report from Data Media for HAC00001

Address Change Service (ACS) Response Report for HAC00001

The following mail pieces are Change Of Address(COA) or Undeliverable As Addressed(UAA) and are being returned to you electronically from Data Media instead of physically from the post office.

Be sure to work these accounts as the following UAA mail pieces have NOT been delivered by the post office. If you have any question, please contact our customer service department at 800-533-1640.

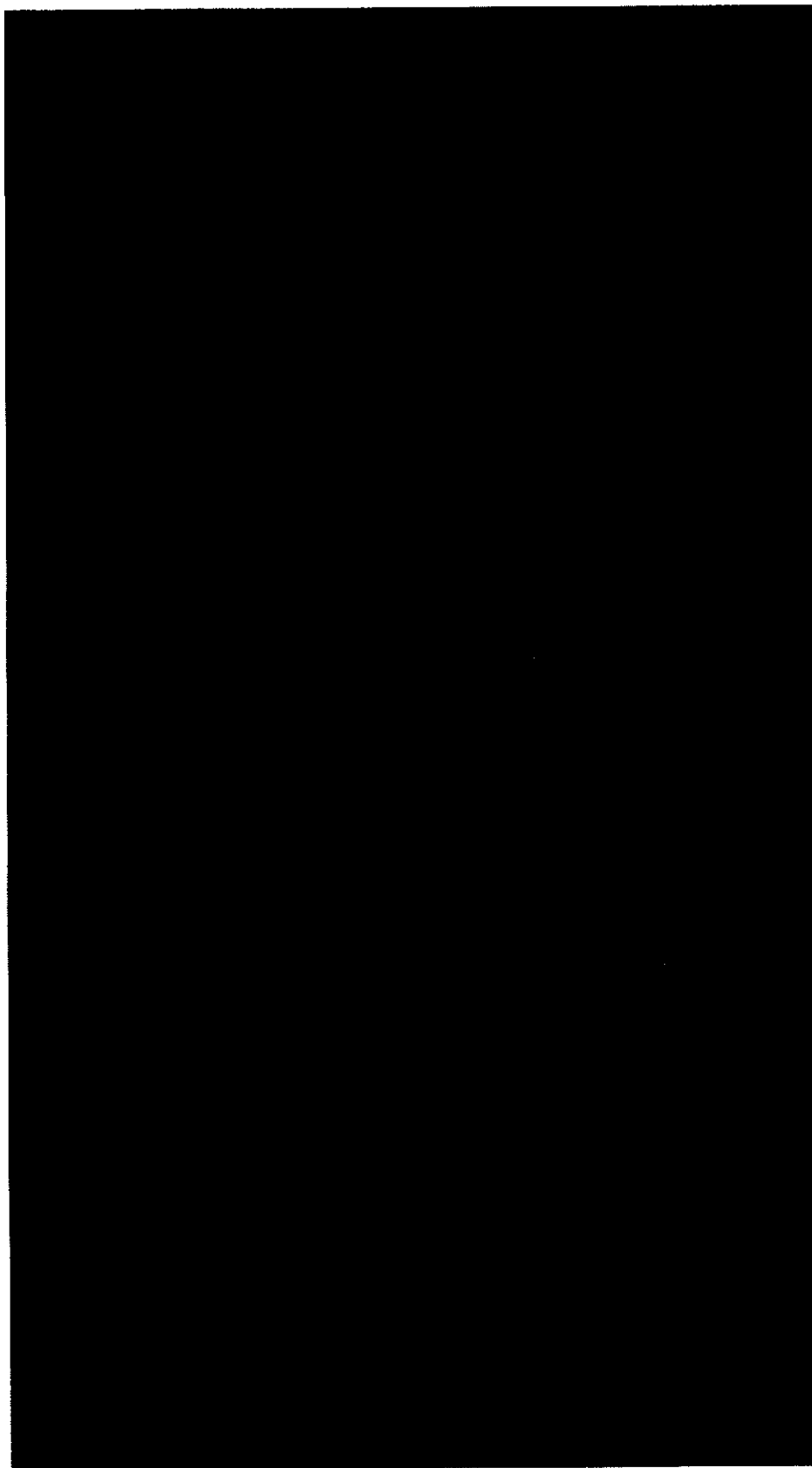
***** Change Of Address(COA) *****



Client Name: Howell Allen Clinic Mailed Date: 06/06/12
Account: 388430 Name: Fredia Berry
Old Address: 207 Tobacco Road New Address: 5487 VERNONBURG DR
Clarksville TN 37042-4909 COLUMBUS GA 31907-1855

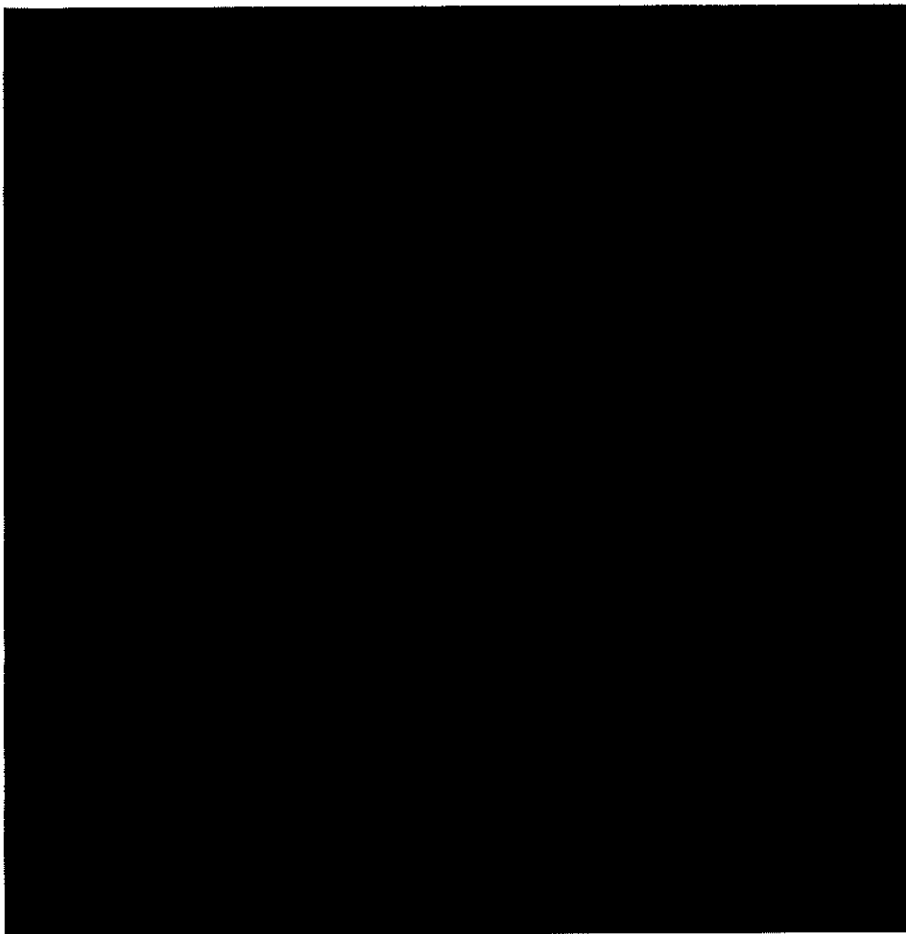
***** Undeliverable As Addressed(UAA) *****





CONFIDENTIAL DISCOVERY MATERIAL

HAC_088



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From: Heather Rickert
To: Bobbi Doty; Business Office
Sent: 10/17/2011 8:08:50 AM
Subject: RE: ABNs Needed
Attachments: [REDACTED]; [REDACTED]

I have attached ABN's for [REDACTED] and [REDACTED].

Thank you!

From: Bobbi Doty
Sent: Monday, October 17, 2011 7:04 AM
To: Business Office
Subject: ABNs Needed

[REDACTED]

10-24 Fredia Berry TPI

Thanks!

Bobbi Doty
Secretary, Pain Management
Dr John Culclasure & Anna Marie Anderson
Phone 615-327-9543, Ext 3434
Fax 615-341-3592

EXHIBIT 2

SEP/18/2012/TUE 01:33 PM

FAX No.

P. 001

DEPARTMENT OF VETERANS AFFAIRS
HEALTH ADMINISTRATION CENTER
Spina Bifida Health Care Benefits/CHAMPVA/ FOREIGN MEDICAL PROGRAM
PO Box 469065
Denver, CO 80246-9065



Telefax

Date: 09/18/12

Attention:

NINA BOGLE

Phone:

FAX 615 341 3572

From:

Freddie S. Douglas

Fax:

303-398-5663

Phone:

303-331-7519

Comments:

REF:

Number of Pages (including cover):

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All others are hereby notified that the receipt of this fax does not waive any applicable privilege or exemption for disclosure and that any dissemination, distribution, or copying of this communication is prohibited.

If you have received this fax in error, please notify this office immediately at the telephone number shown above.

CONFIDENTIAL DISCOVERY MATERIAL

HAC_091

SEP/18/2012/TUE 01:39 PM

FAX No.

P. 002

SEP 18, 2012 13:33 ACCOUNTS RECEIVABLE PROFILE

NAME: HOWELL ALLEN CL PC

BILL #: 741-K2006X5

2011 MURPHY AVE STE 301

NASHVILLE, TN 372032023

PHONE NO.:

CURRENT STATUS: ACTIVE

CATEGORY: VENDOR

CP: 733

FUND (APPROPRIATION): 0160A1

DATE BILL PREPARED: DEC 14, 2011

ORIGINAL AMOUNT: 17.26

FISCAL YEAR	APPROP. CODE	PAT REFERENCE #	AMOUNT
11	0160A1		17.26

	BALANCES	PAID	
PRINCIPAL:	17.26	0.00	LETTER1/ICD: 01/01/2012
INTEREST:	0.00	0.00	LETTER2: 02/01/2012
ADMINISTRATIVE:	15.67	0.00	LETTER3: 03/01/2012
			IRS LETTER:
			DC/DOJ REF DATE:
CURRENT:	33.01	0.00	

Date forwarded to TOP: JUL 09, 2012

TOP Hold Date: SEP 07, 2012

TRANSACTIONS:

1686206	INTEREST/ADM. CHARGE	02/01/12	1.88
1714613	INTEREST/ADM. CHARGE	03/01/12	1.88
1742314	INTEREST/ADM. CHARGE	04/01/12	1.88
1771537	INTEREST/ADM. CHARGE	05/01/12	1.88
1800803	INTEREST/ADM. CHARGE	06/01/12	1.88
1831654	INTEREST/ADM. CHARGE	07/01/12	1.88
1861350	INTEREST/ADM. CHARGE	08/01/12	1.88
1892146	INTEREST/ADM. CHARGE	09/01/12	1.88

BILL RESULTING FROM: CHI OVERPAYMENT - CHI NOT INPUT

Date	Description	Quantity	Units	Cost	Total Cost
03/15/2011		1.00	EA	17.2600	17.26

OTHER HEALTH INSURANCE NOT INPUT

BENEFICIARY: BERRY, FREDIA

CLAIM: BVS9025

BILLED AMOUNT: \$99.00

DATE OF PAYMENT: 04/26/2011

RR

Statement Date: OCT 1, 2012

OTHER BILLS:

741-K80044N (VEND/WRIT) 741-K2006X7 (VEND/ACTI)

SEP/18/2012/TUE 01:39 PM

FAX No.

P. 003

SEP 18, 2012 13:13 ACCOUNTS RECEIVABLE PROFILE

NAME: HOWELL ALLEN CL PC BILL #: 741-K2006X7

2011 MURPHY AVE STE 301
NASHVILLE, TN 372033023 PHONE NO.:CURRENT STATUS: ACTIVE CATEGORY: VENDOR
CP: 733 FUND (APPROPRIATION): 0160A1
DATE BILL PREPARED: DEC 14, 2011
ORIGINAL AMOUNT: 553.61

FISCAL YEAR	APPROP. CODE	PAT REFERENCE #	AMOUNT
11	0160A1		553.61

	BALANCE	PAID	
PRINCIPAL:	553.61	0.00	LETTER1/ICD: 01/01/2012
INTEREST:	3.77	0.00	LETTERS: 03/01/2012
ADMINISTRATIVE:	22.51	0.00	LETTERS: 03/01/2012
			IRS LETTER:
			DC/DOJ REF.DATS:
CURRENT:	579.89	0.00	

Date forwarded to TOP: JUL 09, 2012
TOP Hold Date: SEP 07, 2012

TRANSACTIONS:

1686207	INTEREST/ADM. CHARGE	02/01/12	0.40
1714614	INTEREST/ADM. CHARGE	03/01/12	0.45
1742315	INTEREST/ADM. CHARGE	04/01/12	0.48
1771538	INTEREST/ADM. CHARGE	05/01/12	11.62
1800804	INTEREST/ADM. CHARGE	06/01/12	3.34
1831655	INTEREST/ADM. CHARGE	07/01/12	3.23
1861361	INTEREST/ADM. CHARGE	08/01/12	3.34
1892147	INTEREST/ADM. CHARGE	09/01/12	3.34

BILL RESULTING FROM: OHI OVERPAYMENT - OHI NOT INPUT

Date	Description	Quantity	Units	Cost	Total Cost
03/31/2011	OTHER HEALTH INSURANCE NOT INPUT	1.00	EA	464.0200	464.02
	BENEFICIARY: BERRY, FREDIA				
	CLAIM: BWI7557				
	BILLED AMOUNT: \$2044.00				
03/22/2011		1.00	EA	89.5300	89.59
	CLAIM: BWK4550				
	BILLED AMOUNT: \$252.00				
	DATE OF PAYMENT: 05/03/2011				
	RR				

Statement date: OCT 1, 2012

OTHER BILLS:

741-K00044N (VEND/WRIT) 741-K2006X5 (VEND/ACTI)